



RENEWAL OF BUSINESS LICENSE OR  
REGISTRATION FOR BUSINESS REGULATION CERTIFICATE

DATE \_\_\_\_\_ 20 \_\_\_\_\_

TO BE FILED BY APPLICANT IF AN INDIVIDUAL, PARTNERSHIP OR CORPORATION.

**NO LICENSE OR CERTIFICATE WILL BE ISSUED WITHOUT COMPLETED FORM.  
NEW FORM REQUIRED EACH YEAR**

PLEASE PRINT - USE BALLPOINT PEN OR TYPEWRITER

Name of Business \_\_\_\_\_

Address of Business \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Category \_\_\_\_\_

Name of Business Owner \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City/Town/Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

☐

SOLE OWNER

☐

PARTNERSHIP

☐

CORPORATION/NAME \_\_\_\_\_

Name \_\_\_\_\_ Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Title \_\_\_\_\_

**ALL CORPORATE OFFICERS MUST BE LISTED.**

Square \_\_\_\_\_  
Footage \_\_\_\_\_

Hazardous \_\_\_\_\_  
Materials on Premises \_\_\_\_\_

IBT #   
ILLINOIS BUSINESS TAX NO.  
IF APPLICABLE

\_\_\_\_\_  
BUSINESS OWNERS SIGNATURE & TITLE

Owner of Property \_\_\_\_\_ Phone \_\_\_\_\_  
(Not required for out of town contractors)

IN CASE OF EMERGENCY CONTACT

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NO. \_\_\_\_\_

**IF CHANGE OF OWNERSHIP - NEW OWNERS MUST FILL OUT A BUSINESS APPLICATION**